UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/79
1 March 1991

ORIGINAL: ENGLISH

Thirty-eighth session
3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES
Recommendation by the Executive Director
Assistance to the Government of Burkina Faso
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10 million, of which $6.5 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $3.5 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Burkina Faso United Nations International Labour Organisation (ILO) United Nations Education, Scientific and Cultural Organization (UNESCO) Université Libre de Bruxelles Université Catholique de Louvain World Population Foundation
Government co-ordinating agency:	Ministry of Planning and Co-operation

BURKINA FASO

Demographic facts

Population Total (000)	
Total	9,007
Males	4,461
Females	4,546
Sex ratio (/100 females)	98.1
Urban	812
Rural	8,194
Per cent urban	9.0
Population in year 2000 (000)	12,025
Functional age groups (%)	
Young child: 0-4	17.9
Child: 5-14	25.9
Youth: 15-24	19.2
Elderly: 60+	4.9
65+	3.0
Women: 15-49	22.9
Median age (years)	18.0
Dependency ratios: total	88.0
(/100) Aged 0-14	82.4
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	2.04
Population density (/sq. km.)	33
Average annual change (000)	
Population increase	275
Births	450
Deaths	165
Net migration	-9
Annual population total (% growth)	2.84
Urban	5.86
Rural	2.52
Crude birth rate (/1000)	46.4
Crude death rate (/1000)	17.0
Net migration rate (/1000)	-1.0
Total fertility rate (/woman)	6.39
Gross reproduction rate (/woman)	3.15
Net reproduction rate (/woman)	2.26
Infant mortality rate (/1000)	127
Life expectancy at birth (years)	
Males	47.6
Females	50.9
Both sexes	49.2
GNP per capita (U.S. dollars, 1988)	210

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $10 million, of which $6.5 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Burkina Faso in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $3.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be the third population programme for Burkina Faso. The second programme, approved in 1987 in the amount of $5 million, ended in December 1990, and bridge funding is in place in order to synchronize this programme with the Government's national development plan for 1991-1995.

2. The proposed programme is based on the findings and recommendations of a UNFPA multi-sectoral Programme Review and Strategy Development (PRSD) mission that visited Burkina Faso in June 1990, the Government's population policy and implementation plan, and the recommendations of a UNFPA programme review. The proposed programme has been specifically designed to fit within the Government's overall population strategy and is intended to complement and supplement national population activities.

3. The long-term objectives of the proposed programme are to assist the Government in: (a) reducing infant and child mortality rates through the continuous strengthening of the quality and coverage of maternal and child health and family planning (MCH/FP) services, especially in rural areas; (b) improving the knowledge of the interrelationships between population and development and systematically integrating population variables into development planning; and (c) promoting the status of women through the elimination of practices that hinder the enhancement of their participation in development. The immediate objectives are: (a) to increase contraceptive prevalence during the programme period from the present rate of 6.6 per cent to 22 per cent; (b) to reduce teen-age pregnancies by introducing family planning services at selected secondary schools and by promoting family life and sex education activities; (c) to increase awareness among the general population of population problems and their solutions, especially among women and men in rural areas and young people both in and out of school; (d) to lay the basis for providing the country with sufficient expertise to undertake necessary demographic and population and development research and data collection; (e) to increase the knowledge base in demographic and health statistics and the interrelationship of population and development for use in planning and awareness-creation programmes; and (f) to improve the situation of women in Burkina Faso as well as to increase their participation in all fields of population activity.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. According to United Nations projections, the population of Burkina Faso in 1990 was approximately 9 million, or roughly 1.1 million more than had been enumerated in the comprehensive census of 1985. At the current rate of growth (2.9 per cent per year), the population will double in approximately 24 years. Nearly

44 per cent of the population is under 15 years of age, and the dependency ratio is high at 88 per cent. The population is predominantly rural (91 per cent) and unevenly distributed, with 10 of the country's 30 provinces accounting for some 53 per cent of the population. However, the overall urban growth rate is 6 per cent per year and is twice that rate in the capital of Ouagadougou. According to the 1985 census, net emigration was 750,000, 70 per cent of whom were men. Infant mortality is high (127 per 1,000), as is maternal mortality, estimated by the Government at 609 per 100,000 live births.

6. With a per capita income of $210 in 1988, Burkina Faso is classified as a least developed country. However, during the period 1986-1988, the gross national product (GNP) grew at a rate of 4.6 per cent per year in real terms. Although primary school enrolment has been increasing by approximately 10 per cent a year since 1977, overall enrolment in 1988-1989 was still only 26.7 per cent, with great variations between provinces and with the highest levels in the capital city area. Moreover, because of the high incidence of early marriage and parents' preference for educating sons, girls account for only 37.6 per cent of primary school enrolments and 22 per cent of secondary school enrolments. Increased population pressure and the lack of qualified teachers have contributed to high drop-out rates, with less than half of the primary school students continuing on to secondary school, and to extremely high illiteracy rates -- 80 per cent among males and 98 per cent among females.

7. Public access to health centres in rural areas is limited, and over 50 per cent of the country's doctors, midwives and pharmacists serve the populations of the two main cities. Most of the rural population, therefore, rely on traditional practitioners for health care. Maternal and child health (MCH) services are provided in 593 national and provincial health care units, but not in most of the remaining 5,992 primary health care posts in villages. Moreover, less than half of these national and provincial health facilities provide contraceptives. Knowledge of contraceptive methods is very limited, especially in rural areas, and contraceptive prevalence nation-wide is estimated at only 6.6 per cent. Although exact figures for MCH/family planning coverage do not exist, nation-wide data from 1987 indicate that 27 per cent of expected births were attended by a midwife or traditional birth attendant, 33 per cent of pregnant women attended prenatal consultations, and 24 per cent of high-risk pregnancies were detected.

8. The Government is committed to integrating population components into development planning. This has led to: (a) the creation of a National Population Council in 1983; (b) adoption in 1985 of a national family planning policy and abrogation of the aspects of a 1920 law restricting distribution of contraceptives; and (c) formulation of a national population policy and of a five-year interim population programme. The national health policy, which is based on the promotion of primary health care including maternal and child health, began in 1985-1986 and resulted in the restructuring of the entire health system. Particular emphasis was put on community contributions to improving and financing health care services.

9. The Government is also committed to improving the condition of women as stipulated in the programme of action of the Popular Front, the leading political organization in Burkina Faso. This commitment has manifested itself in the promulgation of a family code in 1988, the setting up of a literacy programme for women and the adoption of a plan of action for the promotion of women, which when finalized will be integrated into the 1991-1995 national development plan.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

10. UNFPA initiated its assistance to Burkina Faso in 1973. The first UNFPA-funded five-year comprehensive population programme for Burkina Faso was approved by the Governing Council in 1980. A second programme was implemented from 1987 to 1990. Total expenditures have amounted to approximately $9.6 million, including $2.4 million for MCH/FP, $2 million for information, education and communication (IEC) and $3.1 million for data collection and analysis.

Maternal and child health and family planning

11. UNFPA support to MCH/FP began in 1982. An MCH/FP Directorate was established within the Ministry of Health, and the number of centres providing family planning services increased from 2 at the beginning of the programme to 53 at the end. At the village level, 125 maternity posts providing delivery services were constructed, and traditional birth attendants (TBAs) and community organizers were trained to provide safer deliveries to women in 150 villages and to educate the village populations on MCH. A programme evaluation undertaken in May 1986 concluded that the programme had had a definite and favourable impact on the development of MCH/FP services, that the required institutional structures for increased programme activities were in place and that family planning awareness had increased as a result.

12. A second programme (1987-1990) aimed at strengthening the newly established national MCH/FP Directorate and the infrastructure established in the first programme. The programme also sought to promote and improve family planning service delivery, especially in villages. The central MCH/FP Directorate staff were trained in family planning techniques, programme management and health statistics, and MCH/FP personnel (18 midwives and 180 auxiliary midwives) were trained in family planning techniques.

13. Several weaknesses have hampered effective MCH/FP service delivery, including the inadequate number of personnel at all levels. Staff trained in family planning techniques tend to be assigned to the three major cities instead of being evenly distributed within the provinces covered by the UNFPA programme. The management information system (MIS), especially for post-natal care and family planning, is inefficient and there have been management problems in seeing that MCH/FP services reach those most in need.

14. The second MCH/FP component in the 1987-1990 programme aimed at establishing a self-supporting health and MCH service delivery system at the village level, with each village having a health team comprising a TBA, a community organizer (both of whom are supported by the community) and a social worker. So far, 450 villages in eight provinces have benefited from this programme. An important constraint encountered during implementation of this component was the lack of income-earning activities that would enable the health care system to be financially self-sufficient.

Information, education and communication

15. Sex education was first introduced into a few secondary schools as an experimental subject in the years 1977-1986 and then was extended to secondary schools nation-wide. Experimental introduction of comprehensive sex and population education subjects into four secondary schools in four major cities of the country has been started. Although sex and family life education is now part of the secondary school curriculum, it is not included in the examination process. Furthermore, the introduction of sex education and population education into the primary schools has not started. Constraints encountered in the implementation

of the programme are the teachers' lack of time to include the new subject of population education in their already crowded programme and their insufficient mastery of the subject matter.

16. A family life and responsible parenthood education programme started in 1989 in six provinces. It was designed to promote family well-being through educational activities to create awareness on MCH/FP, nutrition and environmental issues. Socio-cultural studies were carried out in each province in order to create a base for conceptualizing an information strategy and elaborating educational materials. The lack of a comprehensive information and communication policy and strategy has hampered the successful implementation of activities in this sector.

Data collection and analysis

17. UNFPA furnished support for the 1985 census, the results of which were published in June 1990. A separate analysis of data on women has also been undertaken. The administrative report and the raw data by province are yet to be published. The delays encountered in publishing the analysis and especially the raw census data have resulted in a minimum use of census data in the conceptualization of the 1991-1995 development plan, which is currently in an advanced stage of preparation. UNFPA is also funding a demographic survey, and field work for this will take place in 1991.

Population policy formulation

18. The first Population Unit was established in 1983. It contributed to the collection of statistical data, the training of national personnel and the establishment of an appropriate institutional framework for the formulation and implementation of a population policy. The second phase of this programme started after some delay in September 1989 with the aim of assisting the Government in formulating a formal population policy, integrating population variables into the socio-economic development plan, reinforcing the institutional structure for population and development activities, and improving the technical capacity of national staff. Although a population policy has been drafted and a five-year implementation plan elaborated, the policy has not yet been formally adopted. Moreover, as noted by the PRSD mission, because of a delay in the start-up of the second phase of the programme, it is unlikely that demographic variables will be integrated into the 1991-1995 development plan.

Women, population and development

19. Since 1987, UNFPA has placed special emphasis on integrating women's concerns into all its activities in Burkina Faso. Women have played an important role in the implementation of the programme (five of seven projects were managed by women) and have benefited extensively from programme activities. The training of traditional birth attendants and female community organizers has provided needed expertise in the villages to improve hygiene and child delivery and to promote micro-enterprises for women. UNFPA assistance helped build village maternity posts, create funds to be used for the referral of high-risk pregnancy cases, and replenish TBAs' delivery kits. UNFPA also supported the organization of the 1988 national seminar for the elaboration of a plan of action to improve the condition of women.

Other external assistance

20. In the years 1987-1990, total population assistance to Burkina Faso amounted to $17.7 million. The main donors were UNFPA, the United States Agency for International Development (USAID), the United

Nations Children's Fund (UNICEF) and the World Bank, each having been assigned specific provinces for their technical assistance activities. (UNFPA and UNICEF have complementary activities in four provinces.) In its 1986-1989 programme, totalling $1,450,000, USAID supported family planning activities in 14 provinces through policy development, IEC, training and family planning service delivery. USAID also provided assistance for the 1985 population census. The 1990-1996 USAID programme amounts to $10 million, the bulk of which will go towards MCH/FP service delivery, the setting up of a self-sustaining village pharmacy system, and support to health planning, training and evaluation.

21. UNICEF funded an integrated health programme in the amount of $7.6 million in 1988-1991 operating in 12 provinces and covering activities in the field of MCH and nutrition and women and development. UNICEF has also assisted the Government in launching a programme on women and food security, and on the promotion of income-earning activities. World Bank assistance covering 6 provinces amounts to $637,000 in 1988-1991 with the aim of increasing MCH/FP coverage; strengthening the institutional capacity of the Ministry of Health and Social Affairs in project implementation, monitoring and co-ordination; creating awareness of family planning; and constructing and renovating health centres.

IV. PROPOSED PROGRAMME 1992 - 1996

22. The 1992-1996 proposed UNFPA assistance programme is based on the recommendations of the PRSD mission and a joint UNFPA/Government programme review. The programme has been specially designed to fit within the country's recently formulated population policy. The programme would cover 10 provinces, which include 80 per cent of the country's urban population. Fertility rates are above the national rate in 7 out of the 10 provinces, and literacy rates are higher than the national average. The long-term and immediate objectives of the programme are detailed in paragraph 3 above.

23. The programme strategy would complement the national population policy and programme and address many of the major shortcomings noted by the PRSD mission. Programme activities would thus concentrate on, inter alia: (a) improving the MCH/FP clinical and communication skills of staff at the village level through training in family planning; (b) ensuring a better geographical distribution of MCH/FP personnel, especially midwives; (c) improving the country's MCH/FP management information system; (d) developing a comprehensive IEC strategy specially tailored to the needs of target groups; (e) establishing an effective mechanism to co-ordinate all donor assistance in the population field; (f) expanding the number of staff capable of conducting research in demography and related areas; (g) decentralizing population and development planning; and (h) training women in project formulation, management and evaluation.

Maternal and child health and family planning

24. Taking into account the high maternal and infant mortality rates, the high fertility rates, the high incidence of abortion and teen-age pregnancies and the low contraceptive prevalence rate in the country, the MCH/FP area would be given considerable emphasis in the proposed programme. The formulation and implementation of a decentralized MCH/FP programme will be greatly facilitated by the health infrastructure that the Government has already put into place. The active involvement of provincial medical directors is designed to ensure their commitment to successful programme implementation. A total amount of $4.7 million would be provided to the MCH/FP sector, of which $2.3 million would be sought from other sources, including multi-bilateral sources.

25. In order to address unmet needs for family planning services at all levels, these services would be integrated into all MCH units in the 10 provinces covered by UNFPA. At the end of the programme, family planning services would be available in 13 medical centres and 200 village maternity posts and an effective system for collecting MCH/FP statistics and managing MCH/FP services would have been established. In order to achieve this it will be necessary to organize family planning training and refresher courses for the staff of the MCH units as well as to train medical centre personnel in the collection, analysis and processing of MCH/FP statistics and in the management of the family planning programmes. The programme would stress the community-based distribution of contraceptive methods. Contraceptives such as pills, IUDs, condoms and spermicides would be made available to all health centres, including maternity posts in the villages. In view of the growing spread of HIV infection, AIDS information and education would be integrated into all MCH/FP programmes. An increased supply of condoms would contribute to the objective of reducing the incidence of AIDS and other sexually transmitted diseases.

26. The review of the 1987-1990 programme stressed the importance of paying attention to the family planning and information needs of youth as a means of lowering teen-age pregnancy rates and the incidence of sexually transmitted diseases. UNFPA therefore proposes to establish family planning services in four secondary schools and at the national university. The experiment would be evaluated through an operational research activity that would assess the effect of proposed activities on the attitudes, knowledge and practices of the youth concerned. Research in the field of MCH/FP would include studies on the reasons for the low patronage of the Health and Social Promotion Centres for post-natal-care services, the causes of maternal mortality, and the use of traditional contraceptives. Emphasis would be placed on establishing an effective co-ordination mechanism through frequent meetings and joint field visits between staff of the MCH/FP and other UNFPA-funded health and IEC programmes. A total amount of $4 million would be provided to this component. The executing agency would be the World Population Foundation.

27. A second component of the MCH/FP programme would focus on the promotion of sustainable MCH/FP activities at the village level. Training and refresher courses would be organized for traditional birth attendants, community organizers and social workers. TBAs would be given literacy training to enable them to record births and deaths at the village maternity posts. They would also be given the responsibility to replenish pills and spermicides to acceptors.

28. An important aspect of this component would be the strengthening and expansion of income-earning activities that would make it possible for communities to support the TBAs and community organizers and thereby ensure that MCH/FP and family life services were available at the grass-roots level. UNFPA would provide a total amount of $700,000 to this component, which would continue to be executed by the Université Libre de Bruxelles.

Information, education and communication

29. In the IEC sector, the emphasis would be on helping the Government to develop a comprehensive IEC strategy and to co-ordinate the production of IEC materials. Programme activities would be developed on the basis of additional socio-cultural research and knowledge, attitudes and practices (KAP) surveys covering all the provinces where UNFPA is active. Education and information on AIDS would be included in all activities.

30. Information and communication. As was found by the PRSD mission, donor activities in the field of information and communication are not co-ordinated and no impact analysis has been undertaken. It is

therefore proposed to establish an information and communication co-ordinating committee composed of representatives from the Ministries of Information, Health and Social Affairs, and Education and from UNFPA, USAID, UNICEF and the International Planned Parenthood Federation (IPPF). The Directorate for the Promotion of the Family of the Ministry of Health and Social Affairs would serve as the secretariat. The committee would organize a comprehensive review of materials and socio-cultural research, and would make proposals to fill existing gaps in coverage. The committee would also organize an operational research activity to measure the impact of selected activities (for instance the highly praised "Theatre Forum") on the knowledge, attitudes and practices of the general population. The proposed committee would convene two yearly donor co-ordinating meetings to review new socio-cultural research and discuss plans for future research. Participants at such meetings would also discuss how to harmonize messages presented in materials they produce and discuss their respective overall information and communication strategies and activities.

31. In order to ensure the wide dissemination of easily understandable population, demographic and health information, UNFPA would provide assistance to train journalists from different media in such areas as population information and communication and in women and development and youth issues. In order to strengthen the central staff knowledge of family life education issues, two central level staff members would receive training abroad in the concept of family life education and management. UNFPA assistance to this component would amount to $650,000.

32. Population education. The Government has very recently opened up community centres as part of the drive to increase literacy rates. UNFPA would support four or five of these centres by introducing family life education activities and materials. Two family life education information centres would be opened for out-of-school youth in the two main cities. IEC activities such as lectures on family planning, birthing, and pre- and post-natal care would be continued in all medical centres as well as in selected Health and Social Promotion Centres. UNFPA's assistance to this component would amount to $100,000.

33. UNFPA proposes to extend the teaching of comprehensive sex and population education to all secondary schools and introduce the subject on an experimental basis in four primary schools. Population education would also be introduced as a subject into the curriculum of technical colleges, literacy classes and teachers colleges. The achievement of these goals would require a reorganization of the Population Education Directorate. The population education programme staff, as well as the secondary school teachers already involved in the programme, would receive additional refresher training. New training would be organized for secondary and primary school teachers. The aim would be to become self-sufficient in implementing the project in its next phase. The success of the population education programme will depend on the Government's effectiveness in implementing the planned school reform designed to improve the available infrastructure and to increase the number of teachers and their qualifications. It is essential that sex and family life education be among the subjects included in the final examinations of secondary schools, and that population education teachers be given sufficient time and training to cover the subject adequately. UNFPA would provide assistance to this component in the amount of $800,000.

34. A total amount of $1.55 would be provided to the IEC sector, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

35. The objectives in the field of demographic data collection would be to increase knowledge of the population characteristics in Burkina Faso, to gain a better understanding of the relationship between these

characteristics and socio-economic trends, and to better assess the impact of migration on the population growth rate, urbanization and the environment. A total amount of $1.5 million would be provided to the data collection and analysis sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

36. To achieve the above objectives, a third population census is to be undertaken in 1995. The civil registration system would be reviewed and suggestions for its improvement made. A national survey on migration would be undertaken as part of a subregional migration survey being co-ordinated by the Centre for Applied Research on Population and Development. Overall, greater timeliness in the processing, analysis and dissemination of census and survey data would be sought. Added emphasis would be placed on the utilization of those data for policy and programme design, monitoring and evaluation. A continuous effort would be made to ensure that demographic data necessary to implement policies for the advancement of women are collected and analysed. UNFPA would provide $1 million for the census, $400,000 for the migration survey, and $100,000 for the review of the civil registration system. The census would be implemented by the United Nations. The remaining executing agencies are yet to be designated.

Population policy formulation

37. The proposed programme would promote the integration of population variables into all of Burkina Faso's socio-economic plans and programmes, elaborate a co-ordination strategy for population policy implementation, and strengthen the capacity of the Population Unit to monitor and evaluate the population programme. This will require the strengthening of existing and development of new national research capabilities and human resources. The Population Unit would be transformed into a permanent secretariat and strengthened through the addition of staff. The aim would be to create a multi-disciplinary team that would provide administrative support to the National Population Commission and guide the activities of its three specialized subcommissions. In order to improve the co-ordination of the country's population programme, a working group would be appointed to develop a strategy for its implementation. A total amount of $650,000 would be provided to this sector. The project would be implemented by the United Nations.

Population dynamics

38. The overall objective in the field of population dynamics would be to create a formal training programme in demography in order to meet the Government's requirements for population and development specialists. To achieve this objective UNFPA would assist the Government in establishing a demographic training and research unit at the University of Ouagadougou and in developing a curriculum in demography there. In-service training would be organized for civil servants, and specialized courses would be established for students in the departments of Economics, Sociology and Geography as well as for the students at the School of Medicine. A research programme would be set up, the results of which would be used in population and development programming. Two persons would receive graduate-level training in demography to enable them to replace the international expertise that was required initially. The project would be executed by the Université Louvain-la-Nueve. A total amount of $900,000 would be provided to this sector.

Women, population and development

39. The proposed programme aims to enhance women's participation in the monitoring and evaluation of the multi-sectoral programmes for women and to increase their knowledge about women's rights under the family code. UNFPA support would be used to develop a training programme for women in the field of

programme management and evaluation; to educate women, through popular means, of the content of the family code, giving special emphasis to the juridical and social condition of women; to assist government efforts to increase the female literacy rate and to strengthen the secretariat of the Women's Union. UNFPA's assistance to this sector would amount to $200,000. An executing agency for this project is yet to be identified.

Programme reserve

40. A reserve of $500,000 would be set aside to meet unforeseen needs that may arise during the period of the programme.

Programme co-ordination

41. The over-all population programme would be co-ordinated by the secretariat of the National Population Commission, in accordance with a strategy established by a working group appointed for this purpose. The strategy would accommodate the co-ordinating mechanisms described in the MCH/FP and IEC sectors above. In addition, the Ministry of Health and Social Affairs would continue to organize an annual meeting of donors in the field of MCH/FP to review total assistance in that sector. The major donors providing contraceptives (UNFPA, USAID, IPPF) would meet under the chairmanship of the MCH/FP Directorate twice a year to assess the contraceptive needs of the whole country. In the area of women and development, the Ministry of Planning and its Unit of Human Resources is responsible for co-ordinating and implementing the multi-sectoral programme for the advancement of women. The unit will work together with sectoral ministries in order to make sure that women's concerns are taken into account in the programmes of each sectoral ministry.

42. The members of the Joint Consultative Group on Policy (JCGP) have reached an agreement to harmonize their respective programming cycles starting in 1992. UNFPA would ensure that its field activities are co-ordinated with those of the other JCGP members during project formulation. Special emphasis would be placed on co-operation with UNICEF, particularly in the areas of IEC, MCH, and women and development.

Programme monitoring, evaluation and management

43. All UNFPA projects would have built-in monitoring and evaluation components. There would be a mid-term review of the whole programme in 1994 and a final review in 1996. Emphasis would be placed on strengthening the technical, managerial and evaluation capability of the national programme staff through workshops. On the UNFPA side, the proposed programme would be monitored by a Country Director supported by one full-time National Programme Officer and one full-time National Programme Assistant, under the general guidance of the UNFPA Representative, who is also the UNDP Resident Representative.

Financial summary

44. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $10 million, of which $6.5 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $3.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate this level of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal child health and and family planning	2,400,000	2,300,000	4,700,000
Information, education and communication	850,000	700,000	1,550,000
Data collection and analysis	1,000,000	500,000	1,500,000
Population policy formulation	650,000	-	650,000
Population dynamics	900,000	-	900,000
Women, population and development	200,000	-	200,000
Programme reserve	500,000	-	500,000
TOTAL	6,500,000	3,500,000	10,000,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Burkina Faso in the amount of $10 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to commit an amount of $6.5 million from UNFPA's regular resources, subject to the availability of funds;

(c) Further authorize the Executive Director to provide the balance of up to $3.5 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other resources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Burkina Faso and with the executing agencies.